

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-111014

STATE FILE NUMBER

FILED MAR 17 1959

Registration District No.

Primary Registration District No.

Registrar No.

2220

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS 6329 Tholozan Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY J. HOCH		4. DATE OF DEATH Month Day Year Mar. 3 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sep. 16, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Mace Kline		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Henry Hoch		14. NAME OF HUSBAND OR WIFE Marie Hoch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		17. INFORMANT Address Marie Hoch 6329 Tholozan Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion arterio septal cardiac infarction chr. hypertensive heart disease DUE TO (b) Antero-septal Cardiac infarct DUE TO (c) Chron. Hypertensive heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1			INTERVAL BETWEEN ONSET AND DEATH 1 day 1957 1957
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Apr 1957 to Feb 16 1959 and last saw her alive on Feb 16 1959 Death occurred at 3:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A.M. Frank (Degree or title) M.D.		22b. ADDRESS 3701 Grandel Sq.	
22c. DATE SIGNED 3-3-1959			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar. 5, 1959	
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR ADDRESS Kriegshauser 4228 S. Kingshighway		25. DATE RECD. BY LOCAL REG. MAR 3 '59	
26. REGISTRAR'S SIGNATURE Earl Smith. M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

water, uric acid, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4533

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.